UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. CJA counsel please use Form CJA24 Please read instructions on next page.								COURT USE ONLY DUE DATE:				
1a. CONTACT PERSON FOR THIS ORDER Abbie Chin 2a. CONTACT (415) 74					CT PHONE NUMBER 49-1800					3. CONTACT EMAIL ADDRESS achin@clarencedyer.com						
1b. ATTORNEY NAME (if different) Kate Dyer 2b. ATTORNEY PH (415) 749-1					HONE NUME 1800	NE NUMBER 800				3. ATTORNEY EMAIL ADDRESS kdyer@clarencedyer.com						
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Clarence Dyer & Cohen LLP 899 Ellis Street						5. CASE NAME USA v. Pacific Gas and Electric Company						6. CASE NUMBER CR14-0175WHA				
San Francisco, CA 94109 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ ☐ FTR JOAnne Bryce						8. THIS TRANSCRIPT ORDER IS FOR: APPEAL x CRIMINAL In forma pauperis (NOTE: Court order for transcripts must be attached) x NON-APPEAL CIVIL CJA: Do not use this form; use Form CJA24.										
9. TRANSCRIPT	(S) REQUESTED	(Specify porti	on(s) and date(s) of proce	eeding(s) for whi	ch transcript	is requeste	d), format(s)	& quantity ar	nd delivery	type:						
A HEARING(S) (OR PORTIONS OF HEARINGS)						T FORMAT(S) (NOTE: ECF access is included urchase of PDF, text, paper or condensed.)				c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hea specify portion (e.g. witness or the specify portion).	ring, (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME	
08/15/2017	WHA	Status	full hearing	•	0	0	0	0	0	0	0	•	0	0	0	
				0	0	0	0	0	0	0	0	0	0	0	0	
				0	0	0	0	0	0	0	0	0	0	0	0	
				0	0	0	0	0	0	0	0	0	0	0	0	
				0	0	0	0	0	0	0	0	0	0	0	0	
		1		0	0	0	0	0	0	0	0	0	0	0	0	
10. ADDITIONAL	L COMMENTS, IN	NSTRUCTIONS	, Questions, etc:													
	ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional). 11. SIGNATURE											12. DATE 01/16/2019				

Clear Form

Save as new PDF